

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
BUDGET MODIFICATION REQUEST (DHMH 436A - SECTION I)  
HUMAN SERVICE PROGRAM**

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**Program Administration:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Award Number:** \_\_\_\_\_

**Fiscal Year:** \_\_\_\_\_

**Contact Period:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Modification Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Director's Name:** \_\_\_\_\_

**City, State, County:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_

**For DHMH ONLY:** \_\_\_\_\_

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**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
BUDGET MODIFICATION REQUEST (DHMH 436A - SECTIONS I, II & III)  
HUMAN SERVICE PROGRAM**

Program Administration: \_\_\_\_\_  
Award Number: \_\_\_\_\_  
Contract Period: \_\_\_\_\_

Organization: \_\_\_\_\_  
Modification Number: \_\_\_\_\_

<b>SECTION II</b>	<b>CURRENT BUDGET</b>					<b>SECTION III</b>	<b>PROPOSED BUDGET</b>				
	<b>OTHER DIRECT FUNDING</b>						<b>OTHER DIRECT FUNDING</b>				
	<b>DHMH FUNDING</b>	<b>FED./STATE LOCAL GOV'T</b>	<b>ALL OTHER AGENCY</b>	<b>TOTAL OTHER FUNDING</b>	<b>TOTAL PROGRAM BUDGET</b>		<b>DHMH FUNDING</b>	<b>FED./STATE LOCAL GOV'T</b>	<b>ALL OTHER AGENCY</b>	<b>TOTAL OTHER FUNDING</b>	<b>TOTAL PROGRAM BUDGET</b>
SALARIES/SPECIAL PMTS											
FRINGE											
CONSULTANTS											
EQUIPMENT											
PURCHASE OF SERVICE											
RENOVATION											
CONSTRUCTION											
REAL PROPERTY PURCHASE											
UTILITIES											
RENT											
FOOD											
MEDICINES & DRUG											
MEDICAL SUPPLIES											
OFFICE SUPPLIES											
TRANSPORTATION/TRAVEL											
HOUSEKEEPING/ MAINTENANCE REPAIRS											
POSTAGE											
PRINTING/DUPLICATION											
STAFF DEVELOPMENT/ TRAINING											
CLIENT ACTIVITIES											
ADVERTISING											
INSURANCE											
LEGAL/ACCOUNTING AUDIT											
PROFESSIONAL DUES											
OTHER (ATTACH ITEMIZATION)											
TOTAL DIRECT COSTS											
INDIRECT COST											
TOTAL COSTS											
LESS: FEE COLLECTION											
DHMH FUNDING											

DHMH USE ONLY

**APPROVED**                       **DISAPPROVED**

BY: \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_ TITLE

\_\_\_\_\_ DATE